

Village of Waterford

123 North River Street
Waterford, Wisconsin 53185

(262) 534-3980

Cautionary Statement To Owners Obtaining Building Permits

101.65(lr) of the Wisconsin Statutes requires municipalities that enforce the Uniform Dwelling Code to provide an owner who applies for a building permit with a statement advising the owner that:

If the owner hires a contractor to perform work under the building permit and the contractor is not bonded or insured as required under s. 101.654 (2) (a), the following consequences might occur:

(a) The owner may be held liable for any bodily injury to or death of others or for any damage to the property of others that arises out of the work performed under the building permit or that is caused by any negligence of the contractor that occurs in connection with the work performed under the building permit.

(b) The owner may not be able to collect from the contractor damages for any loss sustained by the owner because of a violation by the contractor of the one- and two- family dwelling code or an ordinance enacted under sub. (1) (a), because of any bodily injury to or death of others or damage to the property of others that arises out of the work performed under the building permit or because of any bodily injury to or death of others or damage to the property of others that is caused by any negligence by the contractor that occurs in connection with the work performed under the building permit.

Owner's Signature: _____

Date: _____

§ 98-12. Issuance of permit.

H. Restrictions on issuance of permits.

- (1) Except for an owner of a dwelling who resides or will reside in the dwelling, no person may obtain a building permit unless the person annually obtains a certificate of financial responsibility from the Wisconsin Department of Commerce in compliance with Wis. Stat. § 101.654.

Call (262) 544-8280 or 1-800-422-5220 INDEPENDENT INSPECTIONS, LTD.		WI UNIFORM PERMIT APPLICATION				PERMIT NO. _____ TAXKEY# _____																						
ISSUING MUNICIPALITY		<input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE <input type="checkbox"/> CITY		PROJECT LOCATION (Building Address)																								
		OF _____ COUNTY: _____		PROJECT DESCRIPTION																								
				<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY																								
Owner's Name _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																								
Construction Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																								
Plumbing Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																								
Electrical Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																								
HVAC Contractor (Lic No.) _____		Mailing Address - Include City & Zip _____		Telephone - Include Area Code _____																								
PROJECT INFORMATION		_____ 1/4, _____ 1/4, SECTION _____ T _____ N/R _____ E(or)W																										
		Subdivision Name _____			Lot No. _____		Block No. _____																					
Zoning District _____	Lot Area _____ Sq. Ft.	N.S.E.W. Setbacks _____	Front _____ FL	Rear _____ FL	Left _____ FL	Right _____ FL																						
1a. PROJECT		3. TYPE		6. ELECTRICAL		9. HVAC EQUIPMENT																						
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Raze <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi <input type="checkbox"/> Commercial		Entrance Panel Size: _____ amp Service: <input type="checkbox"/> Underground <input type="checkbox"/> Overhead		<input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Radiant Baseboard or Panel <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Other _____																						
1b. GARAGE		4. CONST. TYPE		7. FOUNDATION		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fuel</td> <td>Nat. Gas</td> <td>L.P.</td> <td>Oil</td> <td>Elec.</td> <td>Solid</td> <td>Solar</td> </tr> <tr> <td>Space Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Water Htg</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> * <input type="checkbox"/> Dwelling unit will have 3 kilowatt or more installed electric space heater equipment capacity.		Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid	Solar	Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel	Nat. Gas	L.P.	Oil	Elec.	Solid			Solar																				
Space Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
Water Htg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/> Attached <input type="checkbox"/> Detached		<input type="checkbox"/> Site Constructed <input type="checkbox"/> Mfd. UDC <input type="checkbox"/> Mfd. HUD		<input type="checkbox"/> Concrete <input type="checkbox"/> Masonry <input type="checkbox"/> Treated Wood <input type="checkbox"/> ICF <input type="checkbox"/> Other _____		10. PLUMBING																						
2. AREA		5. STORIES		8. USE		11. WATER																						
Basement _____ Sq. Ft. Living Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____		<input type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other		<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other		<input type="checkbox"/> Municipal Utility <input type="checkbox"/> Private On-Site Well																						
						12. ENERGY SOURCE																						
						13. HEAT LOSS (Calculated)																						
						Total _____ BTU/H																						
						14. ESTIMATED COST																						
						\$ _____																						
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit created no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.																												
SIGNATURE OF APPLICANT _____				DATE _____																								
APPROVAL CONDITIONS This permit is issued pursuant to the conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Owner/Builder solely responsible for compliance with all applicable State & Local Building and Zoning codes.																												
INSPECTIONS NEEDED Building <input type="checkbox"/> Footing <input type="checkbox"/> Foundation <input type="checkbox"/> Rough <input type="checkbox"/> Insulation <input type="checkbox"/> Bsmt. Fl. <input type="checkbox"/> Final Electric <input type="checkbox"/> Rough <input type="checkbox"/> Service <input type="checkbox"/> Final Plumbing <input type="checkbox"/> Rough <input type="checkbox"/> Underfloor <input type="checkbox"/> Final HVAC <input type="checkbox"/> Rough <input type="checkbox"/> Final																												
FEES:		PERMIT(S) ISSUED		SEAL NO. _____		Municipality No. _____																						
Building Fee _____ Zoning Fee _____ WI Seal _____ Electric Fee _____ Plumbing Fee _____ HVAC Fee _____ Adm. Fee _____ Other _____ Total _____		Bldg. # At top of form _____ Zoning # _____ Elec. # _____ Plmb. # _____ HVAC # _____		RECEIPT		PERMIT EXPIRATION:																						
				CK # _____ Amount \$ _____ Date _____ From _____ Rec By. _____		Permit expires two years from date issued unless municipal ordinance is more restrictive.																						
						PERMIT ISSUED BY MUNICIPAL AGENT: Name _____ Date _____ Certification No. _____																						